## Mississippi Secretary of State

700 North Street P. O. Box 136, Jackson, MS 39205-0136

ADMINISTRATIVE PROCEDURES	NOTICE FILING					
AGENCY NAME MS State Department of Health		CONTACT PERSON Paul E. Byers, MD		TELEPHONE NUMBER 6015767725		
ADDRESS PO Box 1700		CITY Jackson		STATE MS	ZIP 39215	
EMAIL paul.byers@msdh.state.ms.us	SUBMIT DATE 6/16/2010	Name or number of rule(s): Rules and Regulations Governing Reportable Disease and Conditions				
Short explanation of rule/amen	dment/repeal and rea	son(s) for proposing rule/amend	ment/repeal:			
Changes in the Class 1list to incl	ude all shiga toxin-pro	oducing E. coli, and all invasive dis	ease due to I	Haemophilus i	influenzae.	
Changes in the Class 2 list to inc	lude all invasive Strep	tococcal pneumoniae infections,	and the addit	ton of positiv	e BAMT for	
reporting TB infection in childre	n <15. Addition of Ch	agas disease to the Class 3 report	able disease	lis		
Specific legal authority authoriz	ing the promulgation	of rule: Miss. Code of 1972 Ann. 4	11-3-17	3		
List all rules repealed, amended	, or suspended by the	proposed rule: Rules and Regula	itions Govern	ing Reportabl	e Disease and	
ConditionsAppendicies A, B, C	, and D					
ORAL PROCEEDING:						
An oral proceeding is schedu	uled for this rule on	Date: June 30, 2010 Time: 9:00 a	m Place: MSI	)H Osbore Au	ditorium	
Presently, an oral proceedin						
	ncluding arguments, data, a ENT:	e number of the party or parties you repr ind views on the proposed rule/amendme rule.   Concise summary of	ent/repeal may b	e submitted to th	ne filing agency.	
TEMPORARY RULE	S PRO	OPOSED ACTION ON RULES	FINAL ACTION ON RULES			
Original filing	ginal filing Action propos		0.5 (0.00) (0.00)	Date Proposed Rule Filed: Action taken:		
		lew rule(s)		Adopted with no changes in text		
		mendment to existing rule(s) epeal of existing rule(s)	Adopted with changes Adopted by reference			
Immediately upon filing Ad		doption by reference	Wit	Withdrawn		
Other (specify):		d final effective date: 0 days after filing	- TO 100 100 100 100 100 100 100 100 100 10	Repeal adopted as proposed Effective date:		
		(specify): July 12, 2010	30 (	days after filing		
Printed name and Title of per	rson authorized to fi	le rules: Paul Byers, MD	Oth	ner (specify):		
Signature of person authorize	ed to file rules: _ +	and Byern			-	
OFFICIAL FILING STAM	11	NOT WRITE BELOW THIS LINE OFFICIAL FILING STAMP	3	OFFICIAL FILING STAMP		
	SEC	JUN 1 6 2010  MISSISSIPPI CRETARY OF STATE				
Accepted for filing by	Accepted	for filing by	Accepted f	Accepted for filing by		